PREVENTION AND ALCOHOLISM: THE EMPLOYEE ASSISTANCE PROGRAM IN HEALTH CARE INSTITUTIONS*

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MANY health care institutions take a head-in-the-sand approach to the issue of employee alcoholism. "We are different", "We don't allow it", "That's a problem in industry", "Alcoholics are fired", "We had a problem in the past until we got tough" are common responses to questions about the problem.

The problem of employee alcoholism clearly exists in hospital settings as well as other workplaces. Montefiore Hospital identifies about ½% of its 7,000 person workforce as alcoholic each year.[1] A hospital in Erie, Pennsylvania, reports 1% identification a year.[2] With a very strict definition of alcoholism, Mount Sinai Hospital intervenes with about 0.4% a year of a mean at-risk population of 6,500 workers.[3]

The problem of the alcoholic hospital employee presents special liabilities beyond those experienced in other work settings. The impaired physician or nurse comes immediately to mind, but in some situations an alcoholic laboratory technician, cardiac pump operator, x-ray technician or transporter creates as much or greater risk to patients. The sense of confidence that hospitals wish to engender in their patients can be seriously marred by an alcoholic worker at whatever level.

In 1976 a survey of New York State acute care hospitals revealed only 15 that had an employee alcoholism policy; of these even fewer had programs specifically for employees who were alcoholics.[4] At that time only three hospitals and the Health and Hospital Corporation in New York

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City had employee alcoholism programs; now more than nine New York City hospitals and the Health and Hospital Corporation have active programs. The growing recognition of a need for intervention with alcoholic employees trailed that of business and industry but paralleled the incorporation of sound management practice in health care institutions. One productive approach to the problem of alcoholic workers in the hospital is the Employee Assistance Program.

Employee Assistance Program

The employee assistance, troubled worker, or broad brush approach to the issue of employee alcoholism has proved viable in many business settings. The assumptions underlying the approach are: an alcoholic worker's job performance will deteriorate; alcoholism is a disease to be diagnosed and treated by health professionals, not work supervisors; supervisors and union representatives require training and employees require orientation to utilize the services available; and the desire of most people to maintain their jobs can be used constructively to counter the denial that frequently is part of the disease.

The Employee Assistance Program is a confidential service that intervenes with troubled workers, whether self or supervisor referred, and provides training to supervisors, union representatives, and employees. Intervention varies with the particular program, from simple triage to diagnostic evaluation, motivation, referral, and follow-up to actual therapy in some programs. Types of focus vary from limitation to alcoholism to all types of mental health and behavior problems. Programs may be staffed by social workers, counselors, psychologists, and recovering alcoholics and are situated in outpatient departments, employee health services, and personnel departments.

Potential of Employee Assistance Programs

The institution of Employee Assistance Programs in health care institutions provides all the potential rewards seen in industry, including improved employee retention, productivity, morale, and general health. In addition, a hospital program provides advantages unique to the setting. For example, more than 75,000 physicians and countless other health professionals, whose attitudes toward alcoholism and the alcoholic patient are generally negatively moralistic, are trained in American medical centers. Implementation of alcoholism programs in the hospital, especially

employee programs, can have a positive impact on these attitudes through the training and education function of the Employee Assistance Program as well as an opportunity for students and trainees to work with alcoholics who are not the down and out stereotypes frequently encountered on hospital wards. The implementation of programs in hospitals involves all of the issues encountered in industry including union-management interaction, lack of health care insurance coverage, and stigmatization of the disease, but also includes problems unique to the setting.

Unique Problems

Dual administration. Hospitals have two organizational hierarchies—administrative and professional. Because good supervision is important to the efficient function of the program, well demarcated lines of authority are essential. Conflicting expectations can arise because of the dual administrative structure which may result both in inadequate supervision and unusual stress for the employee.

Self-treatment. Hospital employees have an access to psychoactive drugs not available elsewhere except perhaps in the pharmaceutical industry. Medications may not only be abused but may be used in self-treatment of symptoms secondary to alcohol abuse. Drug access is not necessarily illegal, but prescriptions may be provided by informal hallway consultation from a house-staff physician to another hospital worker. Self-treatment and informal intervention postpone formal and more appropriate treatment resources.

High stress work sites. In addition to shift work and rotating schedules, many hospital workers function in high stress settings. Blose reports a higher prevalence of drug abuse among nurses who work in high pressure nursing areas such as coronary care units, intensive care units, or operating room suites.[5]

Health care professionals. Many workers in hospitals are health professionals who may require special intervention techniques. Trice and Beyer describe less frequent use of alcoholism programs by highly skilled federal employees in comparison with low skilled employees.[6] The nature of professional supervision differs from the supervision of less-skilled employees. Supervisors report difficulty in separating their professional and supervisory roles and are apt to try to provide services to the supervisee rather than to make appropriate referrals.

One tenet held by all professions is that because their work is highly

technical, unique, and specialized, only another member of the same profession can judge professional competence. Defining what constitutes poor job performance may be complicated by this issue. In addition, supervisors have difficulties observing and recording the warning signs of alcoholism, such as absences and lateness patterns, because professional employees have more flexibility and are less accountable for these gross indices. Trice indicates that highly skilled federal employees had more control over the typical warning signs of troubled employees than their low skilled counterparts.[7]

Women. Sixty-one percent of the workforce at Mount Sinai Hospital are women; this is typical of most hospital settings. The utility of the traditional confrontation technique of most Employee Assistance Plans with a troubled employee or supervisor who is a woman is unclear. Women alcoholics have been described in many articles as requiring different approaches to identification and intervention.

It has been our observation at Mount Sinai that women using the program are frequently single parents with problems of child care and financial difficulties added to the pressures of stressful job situations. These are some precipitating factors which could influence the development of excessive drinking or drug problems.

Another implication of women as a target population for an Employee Assistance Program in a hospital setting is the high risk of dual addiction described among women,[8] a problem of great magnitude when coupled with the accessibility of drugs.

Outcome

In spite of significant problems in implementation in hospital settings, the potential impact of an Employee Assistance Program is great. Over the four years of operation of the Mount Sinai Program, more than 850 employees have made at least one visit, that is about 3 to 4% per year. An additional 1,400 phone calls have been received for advice and information which have not directly resulted in a referral. About 18% of all employees who consult the program are alcoholic or addicted to some other drug. Using data from a subgroup of these alcoholics three to four years after identification, we estimate that between 3 and 4% of the alcoholic workers are dead, 10% of the alcoholics are no longer with the institution and their present status is unknown. About 40% of the workers have gone into remission for at least six months after treatment. An assessment of an alcoholism program at Metropolitan Life Insurance Co.

describes an even higher recovery rate of 62% remission for two years or longer.[9]

PREVENTION

The health care institution clearly has a responsibility to its community to provide appropriate alcoholism services; it has a particular responsibility to provide preventive alcoholism services to its "internal community," its employees. Preventive services for alcoholism increase productivity and improve cost-containment but, most important, promote better health. The Employee Assistance Program approach provides an early intervention for alcoholics before all social supports are lost. Besides the secondary prevention of early case finding, the program also involves primary prevention. Stress reduction intervention with a troubled worker before alcohol abuse even becomes an issue may in fact be primary prevention for alcoholism. In addition, the program provides general information and orientation to workers regarding the problem of alcoholism and its impact on job performance. As problems in groups of workers are identified, the program attempts to intervene through group activities and perhaps job site interventions.

On the basis of sound management or good health care, the introduction of general preventive health services for the hospital worker is efficacious. The introduction of preventive alcoholism services, such as an employee assistance program, is essential.

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